

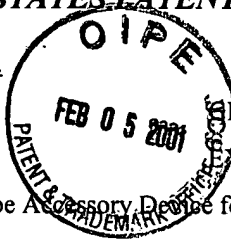
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Nordstrom et al.

SERIAL NO.: 09/591,706

FILED: June 9, 2000

TITLE: An Optical Probe Accessory Device for Use in In Vivo Diagnostic Procedures



GROUP NO.: 3737

EXAMINER: Not Yet Assigned

Office of Initial Patent Examination  
Customer Service Center  
Assistant Commissioner for Patents  
Washington, DC 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

1. Attached is a copy of the official filing receipt received from the Patent Office for the above-identified application for which issuance of a corrected filing receipt is respectfully requested.

2. There is an error with respect to the following data, which is:

☒ incorrectly entered

and/or

☐ omitted

***Error In******Correct Data***

1. ☐ Applicant's name

1.

2. ☐ Applicant's address

2.

3. ☒ Title

3. An Optical Probe Accessory Device for Use in In Vivo Diagnostic Procedures

4. ☐ Filing Date

4.

5. ☐ Serial Number

5.

6. ☐ Foreign/PCT Application Re:

6.

7. ☒ Other

7. This application claims benefit of 60/138,235 06/09/1999 and is a CIP of 09/481,762 01/11/2000 which claims benefit of 60/115,373 01/11/1999 and is a CIP of 09/241,806 02/02/1999 which is a CIP of 08/782,936 01/13/1997 PAT 6,104,945

Date: February 5, 2001  
Reg. No. 41,418

Tel. No.: (617) 248-7240  
Fax No.: (617) 248-7100

2022744

Respectfully submitted,

Patrick R. H. Waller

Agent for Applicant(s)

Testa, Hurwitz, & Thibault, LLP

High Street Tower

125 High Street

Boston, Massachusetts 02110

## EXPRESS MAIL MAILING LABEL

No. EL280660257US

## FILING RECEIPT



\*OC000000005294675\*

UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark OfficeAddress: ASSISTANT SECRETARY AND  
COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/591,706	06/09/2000	3737	0	MDS-012	5	51	8

021323  
TESTA HURWITZ & THIBEAULT  
HIGH STREET TOWER  
125 HIGH STREET  
BOSTON, MA 02110

Date Mailed: 08/03/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

ROBERT NORDSTROM, HANOVER, MA ;  
DAVID BEE, GROTON, MA ;  
MARK MODELL, NATICK, MA ;  
ZE'EV HED, NASHUA, NH ;  
JENNIE KWO, CAMBRIDGE, MA ;  
MATTHEW EMANS, BOSTON, MA ;

RECEIVED

PATENT DEPT. OF COMMERCE  
TESTA, HURWITZ & THIBEAULT, LLP

## Continuing Data as Claimed by Applicant

THIS APPLICATION IS A CIP OF 60/138,235 06/09/1999 \*

AND ~~WHICH~~ IS A CIP OF 09/481,762 \* 01/11/2000

WHICH CLAIMS BENEFIT OF 60/115,373 01/11/1999

AND IS A CIP ~~WHICH CLAIMS BENEFIT~~ OF 09/241,806 02/02/1999

WHICH CLAIMS BENEFIT OF 08/782,936 01/13/1997 PAT 6,104,945

(\*) Data inconsistent with PTO records.

IS A CIP

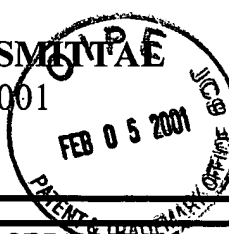
## Foreign Applications

If Required, Foreign Filing License Granted 08/03/2000

## Title

AN OPTICAL PROBE ACCESSORY DEVICE  
FOR USE IN IN VIVO DIAGNOSTIC PROCEDURES

**FEE TRANSMITTAL**  
FY 2001



Complete if Known

Application Serial Number	09/591,706
Filing Date	June 9, 2000
First Named Inventor	Nordstrom
Group Art Unit	3737
Examiner Name	Not Yet Assigned
Attorney Docket No.	MDS-012

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ 2 Checks ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.

- ☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

3. ☒ Applicant claims small entity status.

## FEE CALCULATION

## 1. FILING FEE

Fee Description	Fee Paid
Utility filing fee	690.00
Design filing fee	
Provisional filing fee	

	Number Filed	Number Extra	Amount
Total Claims	51	- 20 = 31	558.00

	Number Filed	Number Extra	Amount
Independent Claims	8	- 3 = 5	390.00

☐ Multiple Dependent Claim(s), if any \$270.00 =

TOTAL: 1,638.00  
 SMALL ENTITY DISCOUNT: 819.00  
 SUBTOTAL (1) (\$) 819.00

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 80.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$270.00 =	

TOTAL: (\$)  
 SMALL ENTITY DISCOUNT: (\$)  
 SUBTOTAL (2) (\$0.00)

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	65.00
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	695.00
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$) 760.00

SUBTOTAL (1) 819.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 760.00

TOTAL (\$) 1,579.00

## CORRESPONDENCE ADDRESS

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## SIGNATURE BLOCK

Respectfully submitted,

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